

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11521	Date: July 28, 2022
	Change Request 12757

SUBJECT: Multi-Carrier System (MCS) Removal of the Physician Pay for Reporting (P4R), Physician Quality Reporting System (PQRS) and Electronic Prescribing (ERx) Incentive Payments Financial Logic from the Claims Processing System

I. SUMMARY OF CHANGES: The purpose of this CR is to instruct MCS to remove any unused systems processing logic that relates to the P4R, PQRS and the ERx incentive payments which are now obsolete.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula and consolidated the various performance payment programs. MACRA created the Merit Based Incentive Payment System (MIPS) and the Quality Payment Program (QPP) to consolidate these programs, beginning January 2019. Therefore, MCS systems logic for the obsolete programs can be removed from the claims processing system.

EFFECTIVE DATE: January 1, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 3, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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EFFECTIVE DATE: January 1, 2023

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IMPLEMENTATION DATE: January 3, 2023

I. GENERAL INFORMATION

A. Background: This CR is to instruct MCS to remove any unused systems processing logic that relates to the P4R, PQRS and the ERx incentive payments which are now obsolete. Systems removal of unused processing is necessary to help reduce systems complexity of the incentive processes.

B. Policy: The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula and consolidated the various performance payment programs. MACRA created the Merit Based Incentive Payment System (MIPS) and the Quality Payment Program (QPP) to consolidate these programs, beginning January 2019. Therefore, MCS systems logic for the obsolete programs can be removed from the claims processing system.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		D M E	Shared- System Maintainers			Other		
		A	B		F	M	V		C	
				H H H	M A C	I S S	C S S	M S S	W F	
12757.1	MCS shall remove all systems logic relating to the Physician Pay for Reporting (P4R), Physician Quality Reporting System (PQRS) and Electronic Prescribing (ERx) Incentive Payments Financial Logic from the Claims Processing System, as these programs are now obsolete.						X			HIGLAS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C M E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Yvette Cousar, 410-786-2160 or yvette.cousar@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0